

A-2 FLORIDA DEPARTMENT OF HEALTH (BEST PRACTICE)

Florida Department of Health Office of Public Health Preparedness

Project: Expanding Hospital Surge Capacity Statement of Work

1. Background

In late 2004, the U.S. Department of Homeland Security published the first draft of the Target Capabilities List, a companion document to the National Response Plan. This federal direction requires states to use a capabilities-based planning process to define and build the 37 capabilities required to achieve the national mission areas of Prevent, Protect, Respond and Recover. In addition to the 37 target capabilities, eight national priorities were established with one of them being: Strengthening medical surge and mass prophylaxis capabilities.

In 2006 the Office of Public Health Preparedness facilitated a comprehensive assessment of current capabilities against the health and medical target capabilities, as its first step in the capabilities-based planning process. The data collected identified gaps in the DHS Target Capabilities, and CDC and HRSA requirements. The capabilities assessment revealed an 87% gap in meeting capability for 20% hospital surge, 92% gap in meeting trauma surge, and 97% gap in meeting burn surge.

In 2004-2005, one hospital in each of the seven Regional Domestic Security Task Force (RDSTF) regions was selected to implement the conversion of non-clinical space to clinical space to increase medical surge capacity. Each hospital received \$100,000 to increase the number of available beds during a catastrophic incident by 5% (working towards the Department of Health and Human Services, Assistant to the Secretary for Preparedness and Response 20% goal). The result of the 2004-2005 project was a 429 bed increase for the state; participating hospitals increased their surge capacity by 5 to 12 percent.

In June of 2007, the Florida Department of Health, Office of Public Health Preparedness received an additional \$175,770.54 2005 Office of Grants and Training (OGT) funds to further this project. The continuation of this project enables Florida to continue to work towards the goal of all hospitals increasing surge capacity by 20%,

2. Purpose

The purpose of the project is to utilize Office of Grants and Training funds to assist hospitals to increase their medical surge capacity and capability. Hospitals have a limited number of beds and by increasing their surge capacity and capability they are better prepared to respond to a catastrophic event through the ability to triage and treat an increased number of victims.

The overall goal is to increase Florida's hospital bed surge capacity by 20%. This is a multi-year project.

3. Outcome Measure

Upon completion of the project the hospital will have increased their surge capacity by a minimum of 5%.

4. Requirements of the Hospital (the Provider)

- Develop and submit a plan to Florida's Department of Health, Office of Public Health Preparedness that will meet the statutory requirements of the conversion of non-clinical space to clinical space within a hospital. The plan, at a minimum, will include the following:
 - i. Identify an existing non-clinical space within the hospital that is able to be converted to a clinical space (the converted non-clinical space must be able to accommodate victims of a catastrophic incident and assist with patient surge)
 - ii. Determine and define the conditions in which the space will be utilized during a time of surge
 - iii. Identify the necessary medical supplies and equipment required to equip the converted space and make the space functional for clinical use
 - iv. Timeline to complete the project
- If applicable, obtain approval of the plan by the necessary governing bodies (i.e., AHCA,)
- Complete the conversion of non-clinical space to clinical space by June 15, 2008
- The contract period for this statement of work is from the execution date of this purchase order through June 15, 2008 all required work must be completed within the time frame specified
- The Department requires the selected hospital to comply with all DOH policies and procedures
- The selected hospital will comply with all requirements set forth by statute, OGT funding guidelines, OSHA and AHCA, as appropriate

Note: OGT funding guidelines does not allow for hard wiring, plumbing and/or construction

Examples of What Hospitals Did (*Each hospital was allocated \$100,000*)

Region 1

Hospital will purchase 25 collapsible beds to be utilized in the event of an MCI and the beds will be placed in the education classroom that have access to male and female restrooms. The acuity level of care for the victim designated in this room will be low so that life support type equipment will not be necessary in the identified space. This will allow the Hospital to increase their surge capacity by 5% by providing patient/victim treatment/observation space. Will purchase supplies and equipment.

Increased Surge Capacity by: 25 beds, 5%

Region 2

The hospital has chosen the auditorium as its primary surge location with the large hall in the Women's Center as a backup area. The auditorium is a large one level room with an open flat area, already equipped with emergency power. The capacity for the auditorium is 100 patients.

If MCI patients exceed 100, we will stand up the Women's Center Hallway with the remaining beds. The large hallway can accommodate approximately 75 people. This area will be set up as a yellow treatment area for MCI or as an area for patients transferred from rooms with negative pressure in the case of a syndromic event. The auditorium has easy access for ambulance loading and unloading in a large circular drive. The auditorium has a quick access to the Emergency Room.

Increased Surge Capacity by: 175 beds, 22%

Region 3

Five conference/education rooms that are located on patient care floors will be transformed into temporary patient care space to accommodate surge capacity patient bed spaces. This Plan will add 40 bed locations to the current inventory of 594 licensed beds. This plan delivers a 5%+ bed count above the current inventory of inpatient beds. Patient triage will be the responsibility of the Chief of Staff's office to place the lowest acuity patients in the surge bed locations.

The hospital Emergency Operations Center staff will be responsible for all supporting logistics necessary to support the surge locations.

Increased Surge Capacity by: 40 beds, 6%

Region 4

500 bed Level 2 Trauma Center's intention is to convert a vacant storage area for treatment of 13 patients (stretchers & recliners) to include patient toilet, electrical outlets, supplies, and nurses station to accommodate additional victims. Furthermore, we plan to designate our Psychiatric Activity room as additional temporary space to accommodate 20-25 stretchers & recliners during a catastrophic incident.

Both areas are located in our Critical care tower for easy access to our Emergency Center. This initiative shall meet the additional 5% surge capacity.

Increased Surge Capacity by: 35 beds, 7%

Region 5

The four multipurpose rooms (MPRs) at the hospital will be utilized in the event of an MCI. The four MPRs can be converted into one large room and has access to male and female restrooms. The acuity level of care for the victims in the MPRs will be low so that life support type equipment will not be necessary for this space. Conversion of the MPRs will increase surge capacity by 5% by providing patient/victim treatment/observation space. No construction will be required for this conversion. Emergency power already exists in the MPRs. It was decided to use medical gas in cylinders to allow for flexibility. There is a public restroom right outside the MPRs. Equipment, supplies and a storage trailer will be purchased to accomplish the conversion of the space.

Increased Surge Capacity by: 26 beds, 5%

Region 6

The hospital will convert an area of the South Parking garage, located directly across from the Emergency Care Center, to a clinical setting which will be capable of accommodating 100 additional patients/victims during a catastrophic incident. The acuity level of care designated for patients/victims in this area will be low so that life support type equipment will not be necessary in the identified space. This will increase the hospital's overall surge capacity by 12%. The area will be modified for patient care by installing electrical outlets, additional lighting, temporary air conditioning, privacy tarps, and hand-washing facilities; and by purchasing 100 collapsible beds and MASCACHE Pods containing disposable medical supplies, linens, personal hygiene and other supplies for both adult and pediatric patients. The supplies purchased will fulfill the basic needs of the patients for 3 days at minimum. As for washrooms for patients located in the area, a portable toilet and shower system will be provided through Waste Management our current refuse provider

Increased Surge Capacity by: 100 beds, 12%

Region 7

The educational space that will be converted to clinical space is located on the third floor of the South Building in the general classroom auditorium. We are organizing a meeting with the Nursing Department to determine what equipment will be necessary to provide for these 28 clinical spaces in the event of a disaster. At a minimum, we would acquire 28 recliners or chair beds, IV poles, dietary tray tables and a hospital standard crash cart. No construction will be necessary to utilize this space and there are separate male/female restroom facilities within 25 feet of the surge space. The trigger mechanism to activate this space would be the declaration of a disaster by local, state or federal authorities. We anticipate implementation of this space in 8 hours or less following the declaration of a disaster. In the event a disaster is declared and the emergency room becomes overcrowded with casualties, the least severe patients will be triaged and transported to the surge area. Following the declaration of a disaster the administrator on call will immediately activate the surge plan to open the surge area and the 28 additional patient stations. We anticipate having completed the acquisition of the equipment necessary and implement the appropriate policies to activate the surge space by December 31, 2006. This will include revision to the facility's disaster plan.

Increased Surge Capacity by: 28 beds, 5%

Total Increase in Bed Capacity: 429 beds